

WORKERS' COMPENSATION DECLARATION

I hereby affirm that I have a certificate of consent to self insure, or a certificate of Workers' Compensation Insurance, or a certified copy thereof (Sec. 3800, Lab. C.)

Policy No. _____ Company _____

- ☐ Certified copy is hereby furnished.
☐ Certified copy is filed with the county building inspection department.

Date _____ Applicant _____

CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE

(This section need not be completed if the permit is for one hundred dollars (\$100) or less.)

I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Workers' Compensation Laws.

Date 1-14-85 Applicant Peter Miller

NOTICE TO APPLICANT: If, after making this Certificate of Exemption, you should become subject to the Workers' Compensation provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked.

LICENSED CONTRACTORS DECLARATION

I hereby affirm that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

License Number _____ Lic. Class _____

Contractor _____ Date _____

☐ I am exempt under Sec. _____

B.&P.C. for this reason _____

Date: _____

Signature _____

OWNER-BUILDER DECLARATION

I hereby affirm that I am exempt from the Contractor's License Law for the following reason (Section 7031.5, Business and Professions Code):

☐ I, as owner of the property, or my employees with wages as their sole compensation, will do the work and the structure is not intended or offered for sale (Section 7044, Business and Professions Code).

☐ I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Section 7044, Business and Professions Code).

CONSTRUCTION LENDING AGENCY

I hereby affirm that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.).

Lender's Name _____

Lender's Address _____

I certify that I have read this application and state that the above information is correct. I agree to comply with all County ordinances and State laws relating to building construction, and hereby authorize representatives of this County to enter upon the above-mentioned property for inspection purposes.

Signature of Applicant or Agent Peter Miller Date 1-14/85

APPLICATION FOR BUILDING PERMIT

COUNTY OF LOS ANGELES

BUILDING AND SAFETY

| FOR APPLICANT TO FILL IN | | | | BUILDING ADDRESS <u>676 So Kern Ave</u> | |
|--|--|---------------------------------|--|--|--|
| BUILDING ADDRESS <u>676 - S KERN</u> | | | | LOCALITY <u>EDA</u> | |
| CITY <u>LOS ANGELES</u> ZIP <u>90032</u> | | | | NEAREST CROSS ST. <u>E. Hubbard St</u> | |
| SIZE OF LOT <u>100 X 160</u> NO. OF BLDGS. NOW ON LOT <u>2</u> | | | | ASSESSOR MAP BOOK _____ PAGE _____ PARCEL _____ | |
| TRACT <u>4074</u> BLOCK <u>9</u> | | LOT NO. <u>8</u> | | USE ZONE <u>R2</u> MAP NO. <u>3217</u> | |
| OWNER <u>PETER MILLER</u> TEL. NO. <u>9422090</u> | | | | SPECIAL CONDITIONS _____ | |
| ADDRESS <u>6520-CROSSWAY DR.</u> | | | | DISTRICT <u>6</u> GROUP <u>R3</u> TYPE CONST. <u>TV</u> FIRE ZONE <u>3</u> PROCESSED BY <u>Rollman</u> | |
| CITY <u>PICO-RIVE</u> ZIP <u>90660</u> | | | | STATISTICAL CLASSIFICATION CLASS NO. <u>21</u> DWELL. UNITS _____ APT. _____ CONDO. _____ | |
| ARCHITECT OR ENGINEER <u>OWNER</u> TEL. NO. _____ | | | | SEWER MAP F BK. _____ PG. <u>91</u> | |
| ADDRESS _____ | | | | VALUATION \$ <u>2500</u> | |
| CONTRACTOR _____ TEL. NO. _____ | | | | FINAL DATE <u>1/27/85</u> | |
| ADDRESS _____ | | | | FINAL By <u>Rollman</u> | |
| CITY _____ | | | | VALIDATION | |
| SQ. FT. SIZE _____ | | NO. OF STORIES _____ | | NO. OF FAMILIES _____ | |
| CHECK ONE | | NEW <input type="checkbox"/> | | | |
| DESCRIPTION OF WORK | | ADD <input type="checkbox"/> | | | |
| <u>Struct - Exterior</u> | | ALTER <input type="checkbox"/> | | | |
| USE OF EXISTING BLDG. | | REPAIR <input type="checkbox"/> | | | |
| APPLICANT (PRINT) | | DEMOL <input type="checkbox"/> | | | |
| ADDRESS _____ | | | | LDMA Ref. # _____ | |
| PRESENT BUILDING ADDRESS _____ | | | | LDMA P/C # _____ | |
| LOCALITY _____ | | | | LDMA Perm. # _____ | |
| MOVING CONTRACTOR _____ TEL. NO. _____ | | | | | |
| ADDRESS _____ | | | | | |
| REQUIRED SET BACK | | YARD | | HWY | |
| TOTAL SETBACK FROM PROP. LINE | | EXIST. WIDTH | | | |
| FRONT P.L. | | | | | |
| SIDE P.L. | | | | | |
| P.C. Fee \$ _____ | | Permit Fee <u>32.50</u> | | | |
| Investigation Fee _____ | | Issuance Fee <u>10.50</u> | | | |
| | | Total Fee <u>43.00</u> | | | |

INSPECTOR COPY

SEE REVERSE FOR EXPLANATORY LANGUAGE

WORKERS' COMPENSATION DECLARATION

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Policy No. _____ Company _____

☐ Certified copy is hereby furnished.

☐ Certified copy is filed with the county building inspection department.

Date _____ Applicant _____

CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE

(This section need not be completed if the work involved by the permit is for one hundred dollars (\$100) or less.)

I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Workers' Compensation Laws.

Date 2/8/85 Applicant Roman Canlan

NOTICE TO APPLICANT: If, after making this Certificate of Exemption, you should become subject to the Workers' Compensation provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked.

LICENSED CONTRACTORS DECLARATION

I hereby affirm that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

License Number 276534 Lic. Class C10

Contractor Roman Canlan Date 2/8/85

☐ I am exempt under Sec. _____

B.&P.C. for this reason _____

Date: _____

Signature _____

☐ Exemption for Reg. Maint. Elect.

SINGLE FAMILY HOME OWNER-BUILDER DECLARATION

I hereby affirm that I am exempt from the Contractor's License Law for the following reason (Section 7031.5, Business and Professions Code):

☐ I, as owner of the property, will do the work and the structure is not intended or offered for sale (Section 7044, Business and Professions Code).

CONSTRUCTION LENDING AGENCY

I hereby affirm that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.).

Lender's Name _____

Lender's Address _____

I certify that I have read this application and state that the above information is correct. I agree to comply with all County ordinances and State laws regulating Electrical wiring, and hereby authorize representatives of this County to enter upon the above-mentioned property for inspection purposes.

Roman Canlan
Signature of Permittee Date _____

76A663 10/81
CE-806G

APPLICATION FOR ELECTRICAL PERMIT
COUNTY OF LOS ANGELES
BUILDING AND SAFETY

| FOR APPLICANT TO FILL IN | | | | JOB ADDRESS | |
|---|------|-----|-----|--|--|
| | EACH | NO. | FEE | | |
| New Residential Bldgs. & Pools | | | | 676 S KERN AVE | |
| 1 & 2-Family, Sq. Ft. _____ | \$ | — | \$ | LOCALITY <u>E.L.A.</u> | |
| Multi-family Sq. Ft. _____ | | — | | NEAREST CROSS ST. <u>E. Hubbard</u> | |
| Residential Swimming Pools | | | | OWNER OR FIRM NAME <u>PETER MIER</u> | |
| Outlets: Rec. _____ Light _____ Sw. _____ | | | | MAIL ADDRESS _____ | |
| Total No. _____ Additional _____ | | | | CITY _____ Tel. No. _____ | |
| Lighting Fixtures | | | | PLAN CHECK APPLICANT _____ | |
| First 20 _____ Additional _____ | | | | ADDRESS _____ | |
| Total No. _____ | | | | CITY _____ Tel. No. _____ | |
| Fixed Appliances Not Over 1 HP | | | | PERMIT APPLICANT <u>CSM ELECTRIC</u> | |
| Range _____ Heater _____ D.W. _____ | | | | ADDRESS <u>3014 WHITTIER BL</u> | |
| Oven _____ Dryer _____ W.M. _____ | | | | CITY <u>L-A-</u> Tel. No. <u>2688118</u> | |
| Top _____ FAU _____ W.H. _____ | | | | LICENSE OR REG. NUMBER <u>276534</u> Class. <u>C76</u> | |
| Hood _____ Fan _____ Other _____ | | | | DISTRICT NO. <u>6</u> <u>R3</u> <u>Rohman</u> | |
| Disp. _____ Room Air Cond. _____ | | | | FINAL DATE <u>8/27/80</u> | |
| Power Apparatus & Large Appliances | | | | FINAL BY <u>Pate</u> | |
| Size & Type HP, KW, KVA, or KVAR | | | | VALIDATION | |
| _____ Up to 1 Incl. | | | | | |
| _____ Over 1 to 10 Incl. | | | | | |
| _____ Over 10 to 50 Incl. | | | | | |
| _____ Over 50 to 100 Inc. | | | | | |
| _____ Over 100 | | | | | |
| Services, Swbd., MCC & Panelboards | | | | | |
| 1 0 - 200 Amp. Under 600 V | | | | | |
| 201 - 1000 Amp. Under 600 V | | | | | |
| Over 1000 Amp. or Over 600 V | | | | | |
| Temp. Power Pole & Appurtenances | | | | | |
| Sign with One Branch Circuit | | | | | |
| Additional Sign Branch Circuits | | | | | |
| Misc. Conduits & Conductors | | | | | |
| Other (See Complete Fee Schedule) _____ | | | | | |
| PERMIT FEE | | | | | |
| (Sub-Total) | | | | | |
| PLAN CHECKING FEE | | | | | |
| PERMIT ISSUING FEE | | | | | |
| TOTAL FEE | | | | | |

Rec'd 201.00

SEE REVERSE FOR EXPLANATORY LANGUAGE

Chg. 75

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#.....2
1...2550
...2550F
0212-85

INSPECTOR COPY